

Empowering Telecommunicators in the Last Frontier

Anchorage Fire Department, Anchorage, Alaska



The fire department in Anchorage, Alaska, had a problem: cardiac arrests were sometimes not recognized during the call-taking process; bystander CPR was not happening quickly enough.

Knowing that others had already found solutions to similar problems, several AFD emergency telecommunicators traveled south to King County, Washington, to learn about their emergency medical dispatch system, Criteria-based Dispatch (CBD). “The CBD methodology bases its entire foundation on [the fact] that the dispatchers have a significant impact on patient outcome and allocating the most appropriate resources to the patient,” says Stephenie Wolf, AFD’s Lead Dispatcher.

The training AFD’s telecommunicators received in King County was also eye-opening. Instead of simply learning what questions to ask a 9-1-1 caller and how to deliver CPR instructions, they also learned from field clinicians about the anatomy and physiology of cardiac arrest, including agonal breathing.

At first, many telecommunicators were skeptical. What if they did chest compression on someone who didn’t need them? The partnership with field medics, who could explain what it’s like to do CPR and how critical it is to patients in cardiac arrest, was a big part of alleviating those concerns. The fire department’s medical director and operational chiefs also spoke to the telecommunicators, demonstrating to the team just how important

these changes were and how critical the call-takers are to a cardiac arrest patient’s chance of survival.

One of the key challenges has been changing the mindset of telecommunicators and empowering them to feel comfortable walking callers through CPR. To address this, the telecommunicators started doing analysis on calls.

“It’s hard sometimes, but they learn,” said Wolf. To ease discomfort, Wolf started the analysis with one of her own calls.

Now, Wolf facilitates a Post Incident Analysis (PIA) of every out-of-hospital cardiac arrest (OHCA) call. During the PIA, everyone in the room listens to a recording of the entire 9-1-1 call. These analyses are focused on improving the system for patients and empowering telecommunicators to make the right decisions. Wolf often reminds her team, “It’s ok to not be 100 percent perfect.”

Wolf strongly believes that the best way to make a program better is to try to “break it” early on by reaching out to the skeptics and asking them to poke as many holes in it as possible. “Get those key people together and break the program. Run it from head to toe. Compare it to other programs,” she says. It’s through this type of collaborative problem-solving that people really begin to see the impact and the benefits of the change.

“When they see the success of the program,” she adds, “they’re gonna change their tune pretty quickly.”